



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name Dianne (iltor	^	Office:  D House  D Senate
Mailing address	en trins de la reconstruir de la construir de	District 33
City, zip code Larringtm, ME OF	1	Phone 483-6050
PART 1. INCOMI	E DERIVED FROM EMPLOYMENT BY A	NOTHER
List the name and address of each employer from economic activity of each employer.	m whom you received compensation of \$1,000	O or more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
RHR Smith & Co., C/A	3 old Orchard Rd Buxton, mE	CPA- audit, tux, accounting, consulting
	OME DERIVED FROM SELF-EMPLOYM Legislators who are self-employed.)	ENT
A. List the name and address of your business, it associated with a partnership, firm, professional a entity.	any, and list the major areas of economic act essociation, or similar business entity, list the i	ivity from which you derived income. If major areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activit (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:		
Name: Address:		

PART 2 (continued). INCOME DERIVED FI (For Legislators who are self-e		ENT CONTROL OF THE STATE OF
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or pedisclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	erson from whom you deri-	ived such income. If this form of
Name and Address of Source	1	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		
Name: Address:		
PART 3. MAJOR AREAS OF (For Legislators who are attorneys	-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major are	eas of practice of your firm.	
Name and Address of Firm	Major Areas of Practic (self)	gayyaasaassaasaasaasaan soo oo
Name: RHRSmith & Co CPA	nonprotet (onsulting	Audit, tax, accounting accounting
Address: BOHOYWAY BUXYON ME		I COCCOLATION -
Name: Address:	The state of the s	
PART 4. OTHER SOURCES ( List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this		If none check the box.
□ None	AND THE RESIDENCE OF THE PARTY	the state of the s
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		•
Address:	BROOMBERG PARKET OF THE REPORT OF THE PROPERTY	
Name: Address:	The state of the s	
PART 5. REPORTABLE LIA		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loan	ou received during the repairs from a relative. If none,	porting period, and list the major check the box.
None (Control of the Control of the		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name: Address:	dallado-scott Arieste proprieta de la constanta de la constant	
Name:		
Name.	edahaipagaga	

PART 6. RE	PORTABLE GIFTS	ersensy na ar sil	
List the specific source of each gift of more than \$300. Include none, check the box.	gifts with an aggregate	value of more	e than \$300 from a single source. If
☑ None	the the time and the forest and the time and the time and the second and the time and the time and the time and		ti danini milihinda indi andi mananang mpaking mpanya panga panga pangang mpanya panga panga panga panga panga
Name of Source of Gift		Name of	Source of Gift
To proceed the second of the s	3.	**************************************	Problem had not a the start of
2.	4.		
PART 7. REPO	RTABLE HONORARI	Α	
List the source of any honoraria accepted for appearances or spe	eches related to your leg	islative respo	onsibilities. If none, check the box.
Nome of Sales of Hanner	gist for globals was all growing the growing propagation was believed as the forest control of the second of t		
Name of Source of Honoraria	HET PROTECTION OF THE SECOND STATE OF THE SECO	Name of Sol	urce of Honoraria
1.	3.	nngaangsolisantanintantastis/antani <b>g</b> /1552/e/a	
2.	4.		
PART 8. REPRESENTAT	ON BEFORE STATE	AGENCIES	
List each executive branch agency before which you represented box.	or assisted others for o	compensation	of any amount. If none, check the
☑ None	мер (оборого подательной населения однования чиности по сторого документу на учествення в подательной населения	etimetaskilikulud detimen di dannalika semittak seritimeta	rtimadak vennegan meneng gegen menengan gegen segen segen segen segen segen kengalapan dan kengan segen segen s
Name of Agency	e Constitution (Constitution (	Name	of Agency
1.	3.		
2.	Andrew state of final as the investment of the state of t	er moorigenemeerst neederst terdensmidsstemmissestests tombo. I	
PART 9. BUSINESS	WITH STATE AGEN	ICIES	
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	your immediate family	sold goods o	r services with a value in excess of
None	· 1985、佛····································	部・新聞を写 <i>用</i> 開開 <b>中心</b> ・ロッセン・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	マグラスでは、アイン・ファイン・アイダー・アイダー・アイダー・アイダー・アイン・アイス・アイン・アイン・アイン・アイン・アイン・アイン・アイン・アイン・アイン・アイン
Name of Agency	daga tanggan kanggan kanggan dagan dagan panggan kanggan panggan pana sa panaman panamasan I panamas tan bandar	Name	or Agency
1.	3.	t min net was well and the second of the sec	BORRES BORRE MES CONTROL CONTROL TO CONTROL DE VERRENCE CONTROL CONTRO
	A	errore de resistant provincia e persona de como de com	reliefungsperiolesteringsbare draud and de help in the proposition of the second process of the history of the
PART 10. INCOME RECEIVED E	BY MEMBERS OF IMI	MEDIATE F.	AMILY
List the type of economic activity representing each source of inc dependent child(ren) during the reporting period and the kind of in or more of income, their name and job title are listed. Do not inclu	ncome represented. If y	received by our spouse o	your spouse or domestic partner or or domestic partner received \$1,000
	pe of Economic Activity epresenting Source of Income Received	Relationship	Kind of Income
Name: faron 111ton 1.	puto repair marine repair	Spouse or	1. Wages
Name: Haron Titon 1.  Job Title: Mechanic 3.	marine refair	Domestic Partner	2. 3.
		Dependent	
If dependent child(ren) receive more than \$1,000 of income	NA	Child	
for the reporting period, list only the type of economic activity and the kind of income.	$\mathcal{N}_{i}$ ,	Dependent Child	
		Dependent Child	

☐ None					
Organization/Bus and Address		Title	Position Held By:	Family Member's Name	Compen- sated?
Dolto Develop CloseEC PD Box 679 Mach	ment Conf	President	Diagram		no
	·				
		SIGNATURE			
he intentional filing of a false state	tement is a Class E cri	me. If the Commissi	ion concludes tha	at it appears that	
he intentional filing of a false state	tement is a Class E cri hall refer its findings of	me. If the Commissi	ion concludes tha General. (1 M.R.	at it appears that	
Please provide any additional info	tement is a Class E cri hall refer its findings of re	me. If the Commissification to the Attorney	ion concludes tha General. (1 M.R.	at it appears that S.A. § 1019)	a Legislator ha
the intentional filing of a false state illfully filed a false statement, it so that the state is signatured by the state intention of th	tement is a Class E cri hall refer its findings of re	me. If the Commissification to the Attorney	ion concludes tha General. (1 M.R.	at it appears that S.A. § 1019)	a Legislator ha
Please provide any additional infone information you are providing.	tement is a Class E cri hall refer its findings of re	me. If the Commissification to the Attorney	ion concludes tha General. (1 M.R.	at it appears that S.A. § 1019)	a Legislator ha
Please provide any additional infohe information you are providing.	tement is a Class E cri hall refer its findings of re	me. If the Commissification to the Attorney	ion concludes tha General. (1 M.R.	at it appears that S.A. § 1019)	a Legislator ha
Please provide any additional infohe information you are providing.	tement is a Class E cri hall refer its findings of re	me. If the Commissification to the Attorney	ion concludes tha General. (1 M.R.	at it appears that S.A. § 1019)	a Legislator ha
Please provide any additional infohe information you are providing.	tement is a Class E cri hall refer its findings of re	me. If the Commissification to the Attorney	ion concludes tha General. (1 M.R.	at it appears that S.A. § 1019)	a Legislator ha

PART 11. OFFICER OR DIRECTOR POSITIONS